

CITY OF FAIRFIELD

GENERAL PLAN AND ZONING APPLICATION

Please Type or Print

DEPARTMENT OF PLANNING AND DEVELOPMENT

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CHECK ALL APPLICABLE BOXES

☐

GENERAL PLAN AMENDMENT

☐

REZONING

☐

PREZONING

☐

AREA WIDE PLAN

☐

PLANNED DEVELOPMENT (P.D.) ZONING

☐

ANNEXATION

☐

SPECIFIC PLAN AMENDMENT

☐

ZONING ORDINANCE AMENDMENT

☐

ENVIRONMENTAL ASSESSMENT

EXISTING DESIGNATION(S)

PROPOSED DESIGNATION(S)

PROJECT DESCRIPTION - Describe in detail. Add separate sheet if necessary:

G
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LOCATION OF SITE (ADDRESS)

APN(s)

NAME OF PROPOSED PROJECT

ACREAGE

APPLICANT NAME/CONTACT PERSON

BUSINESS PHONE

() -

HOME PHONE

() -

APPLICANT ADDRESS

CITY

STATE

ZIP

PROPERTY OWNER NAME

BUSINESS PHONE

() -

HOME PHONE

() -

PROPERTY OWNER ADDRESS

CITY

STATE

ZIP

PROPERTY OWNER'S CONSENT - I declare under penalty of perjury that I am the owner of property involved in this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. Property owner authorization letter is acceptable.

X

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S

I have been informed by the City of Fairfield of my responsibilities pursuant to California Government Code Section 56962.5 regarding notifying the City of hazardous waste and/or hazardous substance sites. I have consulted the lists consolidated by the State of California, Environmental Protection Agency and find:

The project _____ is, _____ is not (check which applies) located on a site which is included on any of the hazardous waste or hazardous substance lists. If on a list, provide the following information:

Regulatory identification number _____ Date of list _____

Type of problem _____

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct.

Dated: _____

D
E
P
T

RECEIVED BY

DATE

FEE RECEIVED

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RECEIPT NUMBER

RECEIVED BY

DATE

FEE RECEIVED

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RECEIPT NUMBER

PRELIMINARY CEQA
DETERMINATION:

☐

EXEMPT

☐

NON-EXEMPT

ACTION:

☐

APPROVED

☐

DENIED

DATE